

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Atty. Docket Number: 506.46539X00
Mail Stop: RCE - FEE	In re Application of: K. IIDA, et al.	
	Application Number: 10/590,845	Filed: August 28, 2006
	For: PREVENTIVE AND/OR THERAPEUTIC AGENT FOR NEUTROPHILIC INFLAMMATORY DISEASES	
	Group Art Unit: 1626 Confirm. No: 1367	Examiner: Rebecca L. Anderson

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1,110.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,730.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,350.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$	
<input type="checkbox"/>	A check in the amount of the fee is enclosed	
<input checked="" type="checkbox"/>	Payment by credit card. (\$940.00).	
<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 01-2135 (case 506.46539X00).	
<input type="checkbox"/>	I have enclosed a duplicate copy of this sheet	

I am the

<input type="checkbox"/>	Applicant/inventor
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71
<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
<input checked="" type="checkbox"/>	attorney or agent of record
<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34

28,565

Registration number if acting under 37 CFR 1.34(a)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

June 16, 2011

Date

/William I. Solomon/

Signature

William I. Solomon

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450.